

## Whittington Hospital NHS Trust

### Violence & Aggression Policy

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| Target audience:                          | <b>All</b> Trust staff and staff working on the Whittington Hospital site (e.g. students, locum staff, visiting staff). It also applies to visitors and patients. |

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## **1.0. Introduction**

### **1.1 Trust Statement of Intent**

The Trust recognises that the risk of violence to its staff is a serious matter and will take all steps, so far as is reasonably practicable, to avert the risk of violence through physical security measures, safe working practices and staff training. The risk assessment process by management will determine appropriate local measures.

The Trust will ensure that appropriate support mechanisms exist for all members of staff who are subjected to incidents of violence during their work. This will include management support, Human Resources, Occupational Health, Risk Management, Security, Oasis and legal support where appropriate.

The Trust accepts that on occasions some staff may have to use physical force, either for the purpose of restraint or for their self-protection. The use of physical force by a member of staff must be justified in its application. The Trust will support any member of staff who acts in an appropriate manner in accordance with Trust policy guidelines and training. Such support will include access to legal services where appropriate. However staff must be aware that any unjustified use of force may result in internal disciplinary action and/or legal action being taken against them by the injured party.

### **1.2 Background**

Everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is properly safe and secure.

### **1.3 Scope and Application**

This policy applies to all full time and part time employees of the Trust, Contractors or Sub-Contractors who provide services to the Trust (including agency staff- Clinical and Non-Clinical), students/trainees, volunteers, clinical attachments, apprentices, seconded staff and all other staff on placement within the Trust. In addition, it will further extend to patients (inpatients and outpatients), their relatives and visitors.

This policy reinforces the reporting system for physical assaults on NHS employees. There is now a specific requirement from the NHS SMS that all physical assaults should be reported to them, through the Local Security Management Specialist.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty to ensure the health, safety and welfare of their staff. The use of this policy will apply to not only the specific requirements of the NHS SMS but also the statutory requirements of Health and Safety legislation. Therefore, this policy bolsters the Trust's existing legal duties to protect staff, as far as reasonably practicable, from the effects of violence and aggression in the workplace.

### **1.4 Organisation and Responsibilities**

This policy should be read in conjunction with the Trust Health and safety Policy, which details the overall organisation and responsibilities for health and safety within the Trust.

Additional specific responsibilities for the implementation of this policy in minimising the risk of violence at work are detailed below.

#### **1.4.1 Chief Executive**

As the Accountable officer, the Chief Executive has the ultimate responsibility for ensuring compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

#### **1.4.2 Non-Executive Director**

Is appointed Non-Executive Director responsible for promoting Security management at Board level

#### **1.4.3 Director of Facilities**

Is the appointed Board Executive Director to become the Security Management Director (SMD), who will lead on security management work, which includes tackling violence against staff. The overall responsibility for the health and safety of staff rests with the Trust board.

#### **1.4.4 Deputy Director of Facilities**

The Deputy Director of Facilities is the Local Security Management Specialist (LSMS) and must be accredited.

The overall objective of the LSMS is to work on behalf of the Trust to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients.

#### **1.4.5 Directors/Assistants, General Managers and Deputy General Managers**

It is the responsibility of Directors, Assistant and Service managers to ensure that:

- risks assessments are undertaken
- local policies and procedures are introduced
- safe systems of work are adopted
- training is available and provided
- health and safety and security training records are maintained
- ensuring statutory health & safety requirements and compliance
- incident reporting is undertaken
- effective communication and support for staff who may face violence and aggression
- Monitor the implementation of this policy within their area of responsibility.

#### **1.4.6 Heads of department, Managers and Supervisors**

All heads of department, managers and supervisors are responsible for the safety of their staff, and in particular for ensuring compliance with this policy. Additionally, they are to ensure that adequate risk assessments have been undertaken, and that positive practical support is given to staff involved in incidents. Staff must receive appropriate training, such as conflict resolution.

#### **1.4.7 All Staff**

Every member of staff has a general duty of care for his or her own health and safety and that of immediate colleagues. They must understand and comply with the relevant policies/procedures, and management attempts to reduce the risks of violence and to report any potential and actual incidents that may affect their safety in line with the Trust's incident reporting policy.

Staff must also:

- Make use of any safety equipment, controls or personal protective equipment provided for their personal safety and that of others, in accordance with instruction and training
- Not take unnecessary risks with regard to their personal safety, which may mean leaving an area is appropriate
- Attend safety training as required

#### **1.4.8 Security Manager**

The Security Manager assisted by the Health and safety Advisor and Risk Management is responsible for:

- Acting as the second LSMS after receiving training and accreditation
- Carrying out security audits in departments and wards
- Providing security advice to heads of Department, Managers and supervisors.



#### **1.4.9 Other Specialist Advisers**

Other specialist advisers are responsible for providing advice, assistance and support to facilitate the effective assessment and control of risk. These include but are not limited to:

- Health and Safety Advisor
- Area Security Management Specialist
- Parkhill – Counter Fraud and Security Services

## **2 Prevention**

### **2.1 Identifying Risks**

In conjunction with the Trust's Security Policy and the Health and Safety policy, managers of all departments are required to ensure risk assessments are carried out by trained risk assessors from within their department. The risk assessments should be reviewed at least annually. Certain areas in the Trust are subject to higher levels of violent and abusive incidents, but all wards and departments should be assessed with a view to identifying and minimising risk. For additional information on risk assessment please refer to the Health & Safety policy.

The risk assessment should be carried out in conjunction with the staff in the department to ensure that all potential and actual risks are captured. The hazards identified in the assessment should be scored using the risk matrix (annex H) to establish both the impact of the hazard and its likelihood of occurrence.

The risk assessment should cover aspects such as the type of work, training and competency of staff, supervision and communication of problems, emergency situations and contingencies.

All risks scored 10 or above must have an action plan agreed. Other risks should also have agreed action plans where deemed necessary.

The completed risk assessment, control measures and required actions should be communicated to all staff in the area, and a copy sent to the Risk

Management (Health and Safety) Department. Staff new to the area should be informed of risks at local orientation.

Any changes in practice should be monitored to ensure that they are both adhered to and also adequately control the risks identified.

## **2.2 Lone Working**

Managers of staff working alone, off site or making home visits need to ensure that a risk assessment is carried out where it is likely that the staff may find themselves in a violent or aggressive situation, and where possible sensible precautions are put in place to minimise risk.

For further information and guidance on Lone working please read the Trust Lone Working Policy, which can be found on the intranet or contact the LSMS or the Trust's Health and Safety Advisor.

## **2.3 Post Incident Review**

It is important to identify the aggravating factors following an incident of violence and aggression in order to prevent the event from happening again but if it cannot be prevented then at least prepared for. Should any member of staff be the victim of violence and aggression the department manager should ensure a post incident review is completed and a copy forwarded to the LSMS and Health and safety Advisor. It may be relevant to consider the findings in any 'care plan' if a patient has been involved. If the incident is of a serious nature then all the staff and witnesses involved in the incident should be brought together (including the LSMS and Health and safety advisor when necessary) and discuss ways of preventing the incident occurring again.

This document will also assist the department in any risk assessment review which should follow any incident of violence and aggression and allow the Trust to measure the effectiveness of any Trust policies and procedures, staff training or de-escalation skills to ensure that lessons are learnt, not repeated.  
(Annex I)

### 3 Conflict Resolution Training

Staff, particularly front line staff should receive the National Syllabus in Conflict Resolution training. Managers are to ensure that all staff that interacts with members of the public attend this training.

Staff who work in high-risk areas should be identified and serious consideration should be given to providing these staff with additional skills to assist them during a violent situation. This may consist of 'break away techniques' or 'Control and Restraint' training. For advice on this subject contact the LSMS.

### 4 Physical Assault

#### 4.1 What is a Physical Assault?

Physical assaults on NHS staff are defined as:

***"The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort."***

#### 4.2 What do I do when a Physical Assault has occurred?

As soon as practicable - following an incident of physical assault, first ensuring that everyone involved is now safe (security assistance can be obtained urgently by calling 2222) - the matter should be reported by the person assaulted or their manager or colleague (on their behalf) to the police, except in those cases where a 'clinical condition' exists.

*"A clinical condition' is defined as where clinical opinion indicates that the assault was unlikely to have been intentional as the assailant did not know that what they had done was wrong due to a medical illness (including confusion), mental ill health, a severe learning disability or as a result of treatment administered"*

Each incident must be considered on a case-by-case basis in the light of all the available facts. Where the police are involved and attend an incident,

every effort should be made to ascertain if the police intend to take action against the assailant, along with obtaining the details of the police officers involved so that these can be passed onto the LSMS to assist in their role in monitoring the progress of such cases.

The staff member's manager / head of department will arrange support as necessary, as per the Trust's Policy.

#### **4.3 How do I report a Physical Assault?**

Firstly, report the incident to your manager. This includes all incidents where a "clinical condition" exists. A Physical Assault Report (PARS) form should be completed and sent to the LSMS as soon as practical (as per the Trust's Incident reporting policy). The PARS form may be obtained from SafeGuard, the Trust Intranet, under the Risk Management (Health and Safety), *Security* page or from the LSMS (see Annex F). The LSMS will ensure that the details are input onto the Risk Management's reporting system and then forwarded to the NHS SMS. The reporting of all physical assaults onto the national reporting system is mandatory, as per the Secretary of State's directions. Where there is a physical assault by an employee on another employee this must also be reported to the Director of Human Resources

Physical assaults that result in a staff member being absent or unable to undertake their normal duties for three or more days, a serious injury or fatality in accordance with RIDDOR, must be reported to the Health and Safety Executive (HSE). The Risk Management (Health and Safety) department will ensure that a RIDDOR report is completed.

#### **4.4 What will happen when I have reported the physical assault?**

The LSMS will arrange for an acknowledgement to be sent to the person assaulted so they know that the incident has been acknowledged. Reports of physical assault received by the LSMS can typically be divided into two categories:

- Those which are being pursued by the police and requiring monitoring by the LSMS;
- Those, which require investigation by the LSMS.

The LSMS will contact the police officer(s) who attended the incident, or who has been assigned to investigate the incident, to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept apprised of progress and outcome. Where the police decline to investigate the incident, the LSMS will consider investigating further to see whether or not a private prosecution or other action, such as an Anti Social Behaviour Order (ASBO) or civil injunction is necessary.

When an investigation is concluded, and it is considered that there is sufficient evidence to support a prosecution, the matter will be referred by ? . . . to the Legal Protection Unit (LPU) of the NHS SMS for further action as appropriate.

Irrespective of whether a sanction is pursued or not, the department manager will always consider whether additional action such as “warning letters” about future conduct should be sent. Where it is particularly serious or repeated in nature and staff, patient and public safety could be at risk, the Chief Executive/Security Management Director along with other appropriate Directors should consider whether withholding of treatment is appropriate.

Please see ‘Range of Legal Sanctions’ 6.0

## 5 Non-physical Assault

### 5.1 What is a non-physical assault?

Non-Physical assaults on NHS staff are now defined as:

***“The use of inappropriate words or behaviour causing distress and / or constituting harassment”.***

Examples of the types of behaviour covered by this policy are summarised below, although the list is not exhaustive:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe;
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Offensive gestures;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimisation or intimidation; (Staff on staff bullying does not fall into the remit of this policy. Any such issues will be dealt with under the Trust’s Harassment and Bullying Policy).
- Stalking;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or any of the above, which is linked to destruction of or damage to property.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti.

## **5.2 What do I do when a non-physical assault has occurred?**

Taking action is appropriate where non-physical assault or abusive behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety; or
- Prejudice any benefit the patient might receive from the care or treatment; or
- Prejudice the safety of other patients; or
- Result in damage to property inflicted by the patient, relative, visitor or as a result of containing their behaviour.

The Security Team can be summoned urgently by calling 2222. The following is a list of possible aggravating factors, which should be considered when deciding to report an incident to the police. It is by no means exhaustive:

- The effect on the victim and / or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the grounds of race, religious belief, nationality, gender, sexual orientation, age, disability or political affiliation;
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property;
- The incident was an attempted, incomplete or unsuccessful physical assault;
- The incident involves action by more than one assailant;
- The incident is not the first to involve the same assailant(s);
- There is an indication that a particular member of staff or department / section is being targeted;
- There is serious concern that any threats made will be carried out;
- There is a concern that the individual's behaviour may deteriorate.

The clinical condition of the assailant should be considered as part of the decision making process.

### **5.3 How do I report a non-physical assault?**

If you feel the behaviour exhibited is serious then you should contact the police and report the incident to them.

You must notify your manager of the incident. They will help you complete a IR form, which should detail what happened, and noting the behaviour of the offender and what they said or did. This form should be passed to the Risk Management (Health and Safety) Department without delay. They will then pass a copy of this to the LSMS for further investigation.

### **5.4 What will happen when I have reported a non-physical assault?**

A thorough investigation of the incident will form the basis for any subsequent action. The manager must carry out an investigation as it is essential to ensure that contributing factors are identified which will ensure that lessons are learnt and vital information utilised for risk assessment purposes and preventative action. This can be done in conjunction with the LSMS.

However, where appropriate, evidence gathered will also ensure that appropriate sanctions are sought. It is important that each case is judged on its own merits. The sections below outline a range of options that can be taken in order to effectively tackle non-physical assaults, depending on severity of the incident and aggravating factors. The 'clinical condition' of the assailant should always be considered.

## **6.0. Use of Force**

**6.1** When faced with an imminent threat to their personal safety, staff will be expected to leave the area immediately. (N.B. All staff have a legal right to leave in such circumstances and provided this was justified, will not result in disciplinary action)



**6.2** Where leaving the area is not possible, staff are entitled by law to use “Reasonable Force” to defend themselves and create a window of opportunity to escape.

**6.3** Where Ward/Department violence risk assessments reveal that staff could be exposed to situations where physical force may be needed for the purpose of self-defence, staff will be provided with appropriate training (Such training must be viewed as a last resort, and every effort must be taken, e.g. physical security measures, safe working procedures etc, to reduce or eliminate situations from arising in the first place).

**6.4** The use of force will generally create a window of opportunity to escape not to restrain.

**6.5** Where risk assessments indicate that staff could be expected to restrain persons in the course of their work, only those who are adequately trained (and refreshed on a annual basis) in its application and who are subsequently certified as competent will be permitted to effect restraint.  
E.g. Security Officers

## **7.0. Range of Legal Sanctions**

A wide range of measures can be taken by the Trust depending on the severity of the Physical or Non-Physical assault. These sanctions may assist in the management of unacceptable behaviour by seeking to reduce the risks and demonstrate acceptable standards of behaviour, these may include:

- Verbal Warnings
- Acknowledgement of Responsibilities Agreements (ARA)
- Written Warnings
- Withholding treatment
- Civil Injunctions and Anti Social Behaviour Orders

- Criminal Prosecution

Throughout any of these processes the Trust is committed to developing and continuing to work with the Police and Crown Prosecution Service to ensure the best possible response and subsequent action and is appropriate in the circumstances.

### **7.1 Verbal Warnings**

Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult patients, relatives or visitors in an attempt to modify their behaviour, or to punish them, but used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

It is important that patients, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. The incident should also be reported and recorded locally, preferably in patient notes if appropriate.

Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The aim of the verbal warning process is twofold:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it reoccurring; and
- Ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

A meeting should be arranged by the lead nurse/general manager and conducted in a fair and objective manner. The meeting should be held as soon as is practicable following the incident. A formal record should be made and maintained, on the patient's records and on the Risk Management reporting system (Safe Guard).

Verbal Warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary). Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

## **7.2 Acknowledgement of Responsibilities Agreement (ARA)**

ARAs are an option that can be considered for individual patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. ARA is a written agreement between the patient/relative/visitor and the Trust (for the Trust Risk management (RM) and the appropriate manager) aimed at addressing and preventing the reoccurrence of unacceptable behaviour. It can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.

The agreement itself should specify a list of acts or behaviours in which an individual (patient, relative or visitor) has been involved with a view to get agreement and cooperation from them not to continue their inappropriate behaviour. ARAs should last at least for a period of six-months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ARA should be outlined formally in a written document for the perpetrator (see Annex A), a copy of which they should be asked to sign. This template can be adapted to suit local needs. The terms of the agreement must be written in a manner, which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the outset. ARAs are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure this is not misinterpreted as such.

Risk Management, appropriate Manager and LSMS should consider:

- The desired outcome; and
- Appropriate conditions of the behavioural agreement.

The following issues should be covered:

- Reason for agreement;
- An explanation as to why the identified behaviour is unacceptable;
- A clear explanation that such behaviour must stop;
- The consequences of continued unacceptable behaviour; and
- Details of the mechanism for seeking a review.

If it is clear that they will not comply, or a pattern of non-compliance becomes evident, and their behaviour continues to deteriorate, a letter explaining future expectations of their behaviour and consequences of non-compliance should be issued (see Annex B).

The use of ARAs would not be appropriate in the following circumstances:

- Where the patient's GP, or SMD/LSMS, having consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced such as a mental disorder, where an ARA could worsen the patient's well-being or affect their recovery for example.

However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded; and

- For anyone under the age of 16, other than in exceptional circumstances, an ARA with the child's parent(s) or guardian(s) may however be appropriate.

Monitoring is essential if the ARA is to be effective. Staff are expected to report any continuing breaches to their managers and the Risk Management Department. This will enable the continued inappropriate behaviour to be highlighted and addressed. The General Manager, Lead Nurse, Health and Safety Advisor and LSMS will be made aware of the further violations where behaviour is still found to be unacceptable.

Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The LSMS and the NHS SMS LPU will provide assistance in specific cases, should this be necessary. In the case of mental health, any action, which may or may not include legal action, must be made in conjunction with clinical opinion.

### **7.3 Withholding of Treatment**

Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient's consultant or senior member of the medical team (on-call team for Out of Hours) on a case-by-case basis. Under no circumstances should it be inferred or implied to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever consultation with Risk Management – Legal Services section.

Before withholding of treatment is considered, it is recommended that a verbal warning is given. If this fails, a verbal warning and an ARA or formal written warning should be considered. Before withholding of treatment is instigated, a final written warning should be issued to the patient by the Chief

Executive Officer (CEO) and must be copied to the patient's consultant and GP. The letter or written warning should:

- Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);
- Explain that the behaviour demonstrated is unacceptable;
- Explain that appropriate sanctions will apply to violent or abusive patients;
- Give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures; and
- Explain that the patient's GP and consultant will be sent a copy of the letter.

A template for such a letter can be found at Annex C. However, there may be instances where the nature of the assault is so serious that the Trust, having obtained advice from the Risk Management Department, may decide to withhold treatment immediately. Where it is decided that a patient should be excluded from health body premises and treatment withheld, a written explanation for the exclusion must be provided (Annex D).

This letter must state:

- The reason why treatment is being withheld (including specific information, dates and times of incidents);
- The period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
- Details of the mechanism for seeking a review of a decision to withhold treatment;
- The action that the hospital intends to take if an excluded individual returns for any reason other than a medical emergency;
- Each case is judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals; and
- That there GP and consultant will be notified in writing of the decision.

## **8.0 Support**

### **8.1. Needs**

In the event of an unpleasant incident, the quality of support to the victim and those associated with it is crucially important in restoring wellbeing. It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals. Involving managers in the factual debriefing will be a reflection of the seriousness of the incident and support the experience of the victim. If the member of staff is too shaky to travel home by normal arrangements, then arrangements should be made to send them home by taxi or accompanied by a colleague.

Staff morale and confidence can be improved if they see that there is a genuine commitment from managers and employers and the authorities to support and pursue prosecution in cases of assault.

For further advice on the support that can be accessed through the Trust please contact Human Resources

### **8.2. Medical support**

Victims of physical assault requiring medical attention should be referred to the occupational health department or, if a serious trauma or out of hours, the Emergency Department. Wherever possible, a colleague should accompany the victim.

### **8.3. Emotional support**

Unless the victim cannot work, it is probably more helpful for the member of staff to remain at work among colleagues than to be sent home. However, the wishes of the victim must be respected and considered. The immediate and continuing interest in the member of staff's wellbeing by colleagues and managers is very important, together with the opportunity for them to talk through the incident. Managers and colleagues can be most helpful by being available to listen. The support required will not be only in the immediate

aftermath of an incident, but may also continue for some time after the event. The Occupational Health department will be able to offer assistance and support if necessary.

#### **8.4 Management support/role of Risk Management**

It is essential that staff that have been subjected to physical or verbal abuse have good support from their line Managers. Managers should make themselves aware of the incident and if possible, speak to the individual concerned to discuss their needs. Any relevant information such as referral to Occupational Health, time off should be included in the management section of the Trust incident form. Managers should ensure that the checklist for managers is completed and sent to Risk Management Department within seven days. If it is a high risk incident, the form should be delivered within 24 hours.

The incident form is reviewed by Risk Management and additional information may be sought. Advice and information may be offered by the Health and Safety Advisor and Risk Manager as appropriate. The Risk management Department will be responsible for ensuring that Managers complete the checklist thus ensuring the appropriate level of support to the staff affected. Such support may be:

- Risk management will be responsible for implementing an agreed alert on PAS/EDIS
- Coordinating with the appropriate Manager, writing and ensuring delivery of warning letters from Chief Executive about behaviour
- Liaising with Police and coordinating evidence to ensure the Crown prosecution Service have enough evidence to prosecute if appropriate
- Accompany manager and affected staff to Court if required
- Written or verbal advice or referral to appropriate agencies.



# Appendices

**Appendix A: Acknowledgement of Responsibilities Agreement letter 1**

**Appendix B: Acknowledgement of Responsibilities Agreement letter 2**

**Appendix C: Final Warning**

**Appendix D: Withholding of treatment**

**Appendix E: Contact Details**

**Appendix F: Physical Assault Report Form**

**Appendix G: Violence and Aggression Risk Assessment Guidance**

**Appendix H: Violence against staff checklist**

**Appendix I: List of Associated Policies**

**Appendix J - Equality Impact Assessment Tool**

**Appendix K: Plan for Dissemination and implementation plan of new Procedural Documents**

## Annex A

<Date>

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>**

It is alleged that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour when attending the < insert name of trust/ location> in the future and comply with the following conditions as discussed at our meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within fourteen days I shall assume tacit agreement.

Sincerely,

Signed by Lead Nurse / Head of Department / General Manager

Date

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

## Annex B

<Date>

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and <insert name of health body or location>**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions  
<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it is essential in order that we can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to us in the envelope provided. In the event that we receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details contained in this letter about your alleged behaviour or feel that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review the decision in light of your account of the incident(s).

Yours faithfully,

Signed by Lead Nurse / Head of Department / General Manager

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed  
Dated

## Annex C

<Date>

Dear

### **FINAL WARNING**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence >. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions:  
(to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Lead Nurse / Head of Department / General Manager

Date

## Annex D

<Date>

Dear

### **Withholding of Treatment**

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

It is alleged that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> where this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from health body premises. The period of this exclusion is <insert number of weeks /months> and comes into effect from the date of this letter.

During the period of this exclusion notice you are not permitted to attend this Trust at any time except:

- in a medical emergency;
- where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (to be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment this health body considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours faithfully,

Signed by Senior Director

Date

## Annex E

### Contact Numbers

1. Security Emergency Call

**Ext 2222**

2. Security Routine Call

**Ext 5566**

3. For advice on this policy, and security and personal safety guidance contact

**Security Manager - Ext 5271**

4. **Deputy Director of facilities - Local Security Management Specialist- Ext 5500**

5. For advice on risk and safety assessments please contact

**Health and safety Advisor (Health and Safety) Ext 5006**

6. To refer staff to Work and Health Centre, send a filled referral form. This can Be sent to the Health and Work Centre either electronically, by hand or using the internal post system

**Health and Work Centre (Occupational Health) Ext 3351**

7. To book staff onto Conflict Resolution Training please contact

**Health and Safety Advisor – Ext 5006**

8. For advice on legal sanctions and support

**Assistant Director of Nursing and Risk Management – Ext 3687**

# REPORT OF A PHYSICAL ASSAULT ON NHS STAFF



Security Management Service

|                |  |  |                          |                |  |
|----------------|--|--|--------------------------|----------------|--|
| Your Reference |  | Is this incident is linked to another PARS report? | <input type="checkbox"/> | PARS reference |  |
|----------------|--|--|--------------------------|----------------|--|

*This form is to be used for the reporting of all physical assaults against NHS staff and professionals that fall within the single definition of physical assault as detailed in Secretary of States Directions to Tackle Violence issued in Nov 2003.*

The definition is: "The intentional application of force against the person of another Without lawful justification, resulting in physical injury or personal discomfort."

|  |  |
|--|--|
| Name of Trust:<br>The Whittington Hospital (NHS) Trust | LSMS of Trust (or SMD if no LSMS in post)<br>Steven Primrose<br>Deputy Director of Facilities (LSMS) |
|--|--|

|   |                                       |
|---|---------------------------------------|
| Address of Trust:<br>Level 5, Highgate Wing, Highgate Hill, London, N19 5NF | Contact tel. number:<br>0207 288 5500 |
|---|---------------------------------------|

## IMPORTANT – MUST BE COMPLETED

|  |                         |                          |
|--|-------------------------|--------------------------|
| After taking appropriate clinical advice, is this assault considered unlikely to have been intentional, as the assailant did not know what they were doing or they did not know that what they had done was wrong due to medical illness, mental ill health, a severe learning disability or as a result of treatment administered | YES                     | <input type="checkbox"/> |
|  | NO                      | <input type="checkbox"/> |
| Incident Date ( dd/mm/yy )   | Incident time ( hh:mm ) |                          |
| Did the assault occur during the restraint of the assailant for reasons not connected with an assault on NHS staff? (eg to administer medication)  | YES                     | <input type="checkbox"/> |
|  | NO                      | <input type="checkbox"/> |

|   |  |
|---|--|
| Site address where assault took place (full address including postcode) |  |
|---|--|

|  |  |
|--|--|
| Specific location of assault within the site (Ward 1, A&E, Patients Kitchen etc) |  |
|--|--|

## PERSON ASSAULTED

|                          |                          |                  |            |                          |
|--------------------------|--------------------------|------------------|------------|--------------------------|
| Last name                |                          | Contact address: |            |                          |
| First name               |                          |                  |            |                          |
| Employment title         |                          |                  |            |                          |
| Date of Birth (dd/mm/yy) |                          |                  |            |                          |
| Male                     | <input type="checkbox"/> |                  | Female     | <input type="checkbox"/> |
| Work tel.                |                          |                  | Other tel. |                          |
|                          |                          |                  |            |                          |

|                    |
|--------------------|
| Injuries sustained |
|--------------------|

|                    |
|--------------------|
| Treatment received |
|--------------------|

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Does the victim wish to pursue the matter via the Police or NHS SMS Legal Protection Unit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

## ALLEGED ASSAILANT

|   |   |  |
|---|---|--|
| <b>Last name</b>                        |   | <b>Contact address (if known):</b>   |
| <b>First name</b>                       |   |  |
| <b>Date of Birth (dd/mm/yy)</b>         |   |  |
| <b>NHS Number (if known)</b>            |   |  |
|   | <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> |  |
| <b>Patient</b> <input type="checkbox"/> | <b>Visitor</b> <input type="checkbox"/>                                     | <b>Staff member</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> |

## INCIDENT DETAILS – enter detail of the incident and circumstances of the assault

|                                  |                                      |  |  |  |  |                                       |
|----------------------------------|--------------------------------------|--|--|--|--|---------------------------------------|
| <b>Possibly Motivated by (✓)</b> | <b>Race</b> <input type="checkbox"/> | <b>Religion</b> <input type="checkbox"/> | <b>Gender</b> <input type="checkbox"/> | <b>Disability</b> <input type="checkbox"/> | <b>Unprovoked</b> <input type="checkbox"/> | <b>Other</b> <input type="checkbox"/> |
|----------------------------------|--------------------------------------|--|--|--|--|---------------------------------------|

|  |   |                              |                             |                         |
|--|---|------------------------------|-----------------------------|-------------------------|
| <b>Police attendance details</b><br><small>(Use this section if a report was made to the police after the incident occurred)</small> | Were the Police called to attend this incident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If YES complete A below |
|  | Are the Police actively pursuing this matter?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                         |
|  | Has the matter been concluded?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If YES complete B below |

|          |  |  |
|----------|--|--|
| <b>A</b> | Name(s) of officers attending:   |  |
|          | Shoulder numbers of officer(s)   |  |
|          | Force/Constabulary of Police officer(s):   |  |
|          | Police Station of officer dealing:   |  |
| <b>B</b> | What sanction if any was applied?  |  |
|          | Please detail the date and location of the sanction<br><small>(ie Coventry Magistrates Court, 01 September 2005)</small> |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the investigation into this incident now complete and <b>No Further Action</b> is required by the Trust, Police or NHS SMS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

## Details of person completing this form

|                       |  |                         |
|-----------------------|--|-------------------------|
| <b>Name</b>           |  | <b>Contact address:</b> |
| <b>Job title</b>      |  |                         |
| <b>LSMS ID number</b> |  |                         |
| <b>TEL 1</b>          |  |                         |
| <b>TEL 2</b>          |  |                         |
|                       |  |                         |

## Additional Information

To detail any additional victims, any known witnesses or other useful information please use an additional sheet

The form must be sent to Steven Primrose, Deputy Director of Facilities either electronically to [Steven.Primrose@Whittington.nhs.uk](mailto:Steven.Primrose@Whittington.nhs.uk) or to Level 5, Highgate Wing, Highgate Hill, London, N19 5NF



## Section 5 Violence

### Contents

1. Trust Violence policy statement
2. Guidance for managers
3. Ward/departmental violence risk assessments

### Managerial guidance

Acts of violence against staff are a real threat to those working in the Health Services and as such the Trust has a legal duty under the Health and Safety at Work Act 1974 to protect its staff. In addition the Government has identified the reduction of violence as a priority for NHS Trusts (Zero Tolerance Campaign) and set targets for reducing assault (Working together: securing a quality workforce for the NHS).

As with any other health and safety risk, you have a legal duty under the Management of Health and Safety at Work Regulations 1999 to assess the potential for violence in your Ward/Department. This assessment should enable you to identify appropriate measures, such as premise security, hardware systems, procedures/systems of work as well as relevant staff training necessary to minimise these risks.

Incidents of violence against staff including verbal abuse and aggressive behaviour must be reported in accordance with Trust incident reporting procedures (see section 8) and investigated accordingly. This is a legal requirement under the Social Security (Claims & Payments) Regulations 1979 and the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995).

### Managerial Checklist

- Have you completed a risk assessment for violence in your Ward/Department?
- Have staff contributed to this assessment (e.g. completion of staff questionnaire)?
- Have you developed an action plan to implement the measures identified in your assessment as necessary to reduce the risks of violence?
- Have you identified the training needs of your staff to help them deal with aggression they may face in your Ward/Department?
- Has a plan for delivering this training been developed in conjunction with the Trust Health and Safety Adviser?
- Are staff encouraged to report all incidents of violence?

# Whittington Hospital - Violence risk assessment

|                        |                    |
|------------------------|--------------------|
| <b>Ward/Department</b> | <b>Location</b>    |
| <b>Assessment date</b> | <b>Review date</b> |

## 1. Likelihood of violence

| <b>Issue</b>   | <b>Analysis</b>                      | <b>Comments</b> | <b>Action to be taken</b> |
|--|--------------------------------------|-----------------|---------------------------|
| Do staff have direct contact with patients or visitors as part of their work?  | Yes/No                               |                 |                           |
| Do staff consider themselves threatened or at risk of violence during their work? (consider use of simple questionnaire)   | Yes/No                               |                 |                           |
| Have there been any reported incidents of violence and how frequently do they occur:- <ul style="list-style-type: none"> <li>▪ <b>Physical assault</b><br/> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Never</li> <li>▪ <b>Verbal abuse</b><br/> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Never</li> <li>▪ <b>Other aggression or threatening behaviour</b><br/> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Never</li> </ul> | Yes/No<br><br>Yes/No<br><br>Yes/No   |                 |                           |
| Do staff ever have to use physical force:- <ul style="list-style-type: none"> <li>▪ In self defence</li> <li>▪ To administer medication</li> <li>▪ To prevent self harm</li> <li>▪ Other reasons (please specify).....</li> </ul>  | Yes/No<br>Yes/No<br>Yes/No<br>Yes/No |                 |                           |

|   |   |  |  |
|---|---|--|--|
| <p>Are staff exposed to significant risk factors such as:-</p> <ul style="list-style-type: none"> <li>▪ <b>Unpredictable patients</b></li> <li>▪ Having to give bad news/controversial issues (e.g. child protection)</li> <li>▪ Patients having to wait long times or suffering delays</li> <li>▪ Lone working</li> <li>▪ Off site working</li> <li>▪ Out of hours working</li> <li>▪ Cash handling</li> </ul> | <p>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No</p> |  |  |
|---|---|--|--|

THE OVERALL LIKELIHOOD OF VIOLENCE OCCURRING IN THE WARD/DEPARTMENT IS:-

Low / Medium / High

**2. Severity of violence**

| Issue   | Analysis  | Comments | Action to be taken |
|---|---|----------|--------------------|
| <p><b>Where violence occurred what was its nature?</b></p> <ul style="list-style-type: none"> <li>▪ Punched</li> <li>▪ Kicked</li> <li>▪ Slapped</li> <li>▪ Grabbed (inc. hair pulling)</li> <li>▪ Pinched/scratched/bitten</li> <li>▪ Spat at</li> <li>▪ Head butted</li> <li>▪ Struck by object being held by assailant</li> <li>▪ Struck by items thrown by assailant</li> <li>▪ Verbal abuse to face</li> <li>▪ Verbal abuse over telephone</li> <li>▪ Other (please specify).....</li> </ul> | <p><b>Yes/No</b><br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No<br/>Yes/No</p> |          |                    |

|  |   |  |  |
|--|---|--|--|
| Where violence occurred what was their any injury to staff?<br><br>If yes what was the severity of the injury?<br><ul style="list-style-type: none"> <li>▪ Minor injury e.g. requiring first aid i.e. bruise, small cuts</li> <li>▪ More significant injury e.g. requiring treatment, stitches</li> <li>▪ Serious enough to need time off work</li> <li>▪ Very serious e.g. requiring hospitalisation</li> <li>▪ Life threatening</li> </ul> | Yes/No<br><br>Yes/No<br><b>Yes/No</b><br>Yes/No<br>Yes/No<br><b>Yes/No</b>          |  |  |
| Were weapons ever used?<br><ul style="list-style-type: none"> <li>▪ Gun</li> <li>▪ Knife</li> <li>▪ Bottle or other glass objects</li> <li>▪ Screwdriver</li> <li>▪ Walking stick, umbrella</li> <li>▪ Syringe, scalpel, scissors</li> <li>▪ Stick, furniture</li> <li>▪ Other items (please specify).....</li> </ul>  | <b>Yes/No</b><br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No |  |  |
| Have incidents required the assistance of Security and/or the Police?  | Yes/No  |  |  |

THE POTENTIAL SEVERITY RESULTING FROM VIOLENCE OCCURRING IN THE WARD/DEPARTMENT IS:

Low / Medium / High

### **3. Overall risk of violence**

Risk reflects both the likelihood that violence will occur and the severity of its outcome (i.e. risk = likelihood x severity).

THE OVERALL RISK OF VIOLENCE IN THE WARD/DEPARTMENT IS:-

Low / Medium / High

**4. Existing precautions**

| Issue   | Analysis   | Comments | Action to be taken |
|---|--|----------|--------------------|
| <p>Is entry to the ward/department controlled?</p> <p>If yes indicate manner of control:-</p> <ul style="list-style-type: none"> <li>▪ Reception desk or similar</li> <li>▪ Lock &amp; key</li> <li>▪ Coded security locks</li> <li>▪ Card reader entry</li> <li>▪ Buzzer entry</li> <li>▪ <b>CCTV controlled entry</b></li> <li>▪ Other (please specify).....</li> </ul>           | <p><b>Yes/No</b></p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |          |                    |
| <p><b>Is there a reception desk (or similar):-</b></p> <p>If yes:-</p> <ul style="list-style-type: none"> <li>▪ <b>Is it clearly signed</b></li> <li>▪ Have a wide counter/desk to separate receptionist from visitors</li> <li>▪ Have a raised floor on staff side</li> <li>▪ Have a screen to protect staff</li> <li>▪ <b>Have a panic alarm fitted</b></li> </ul>                | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p><b>Yes/No</b></p>               |          |                    |
| <p><b>Are staff areas within the ward/department secured from unauthorised access?</b></p> <p>If yes indicate manner of control:-</p> <ul style="list-style-type: none"> <li>▪ Lock &amp; key</li> <li>▪ Coded security locks</li> <li>▪ Card reader entry</li> <li>▪ Buzzer entry</li> <li>▪ <b>CCTV controlled entry</b></li> <li>▪ <b>Other (please specify).....</b></li> </ul> | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p><b>Yes/No</b></p>               |          |                    |

|   |   |  |  |
|---|---|--|--|
| <p>Are their waiting areas in the ward/department?</p> <p>If yes:-</p> <ul style="list-style-type: none"> <li>▪ Is there sufficient seating?</li> <li>▪ Is the environment pleasantly decorated, well-lit etc?</li> <li>▪ Are facilities such as toilets, drinks available and clearly signed?</li> <li>▪ Is regular information regarding delays/waiting times provided?</li> <li>▪ Are facilities such as TV, reading material or children's toys/play areas provided?</li> </ul>   | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>               |  |  |
| <p>Are their treatment/consulting rooms in the ward/department?</p> <p>If yes:-</p> <ul style="list-style-type: none"> <li>▪ Are their two exits available from the room?</li> <li>▪ Does the layout allow staff to exit without having to pass an aggressor?</li> <li>▪ Is a vision panel or similar fitted?</li> <li>▪ Is there a means of raising an alarm available in the room e.g. telephone, nurse call, panic alarm?</li> <li>▪ Are these easily accessible to staff, without having to pass an aggressor?</li> <li>▪ Is furniture &amp; equipment minimised &amp; controlled to reduce their availability as projectiles?</li> <li>▪ Are clinical items such as scissors, syringes etc controlled to reduce their accessibility as weapons?</li> </ul> | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |  |  |
| <p>Have local management developed policies and systems to minimise violence in the ward/department?</p> <p>In particular:-</p> <p>Are their local emergency response procedures for dealing with violence, including means for summoning help?</p> <p>Has a coded signal been established for threatening situations?</p> <p>Is there a system for pre assessing the risk of violence from individual clients?</p> <p>Have appointment times been staggered to avoid congestion?</p> <p>Has an anti-violence sign been displayed in the ward/department?</p>   | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>               |  |  |

|   |   |  |  |
|---|---|--|--|
|   |   |  |  |
| <p>Have staff received training for dealing with violence?</p> <p>If yes:-<br/>Was the training based on a local risk assessment of the violence likely on the ward/department?</p> <p>Please indicate the type of training:-</p> <ul style="list-style-type: none"> <li>▪ General awareness?</li> <li>▪ Defusion &amp; de-escalation?</li> <li>▪ Physical breakaway techniques</li> <li>▪ Control &amp; restraint?</li> <li>▪ Other (please specify).....</li> </ul> | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |  |  |
| <p>Do staff travel off site as part of their work?</p> <p>If yes:-<br/>Is there a system for pre assessing the risk of violence from individual clients?<br/>Is there a detailed whereabouts and call back system?<br/>Have all staff access to mobile phones?<br/>Have all staff been issued with a personal attack alarm?<br/>Have all staff received specific training for off site/lone working violence risks?</p>   | <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |  |  |
| <p>Are violent incidents reported and recorded?</p> <p>Are reported violent incidents investigated and remedial action identified where possible?</p>   | <p>Yes/No</p> <p>Yes/No</p>   |  |  |

Assessor ..... Date.....

Manager..... Date.....

# Violence Against Staff Post Incident Review Form - Checklist

Staff member: \_\_\_\_\_ Date of incident : \_\_\_/\_\_\_/\_\_\_

Line manager: \_\_\_\_\_

Risk Management staff member dealing with incident: \_\_\_\_\_

---

### Checklist – Staff Member:

|                                | Yes                      | No                       |
|--------------------------------|--------------------------|--------------------------|
| Physical abuse                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbal abuse                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form completed        | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form numbered         | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form sent to Risk Mgt | <input type="checkbox"/> | <input type="checkbox"/> |

### Checklist – Line Manager:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Incident discussed with staff member          | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form reviewed                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form signed                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident form sent to Risk Mgt                | <input type="checkbox"/> | <input type="checkbox"/> |
| No further action taken                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Police involvement required *                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff member offered time off, if appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| Referral to Occupational Health               | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff informed of Oasis                       | <input type="checkbox"/> | <input type="checkbox"/> |

### Checklist – Risk Dept:

|                              | Yes                      | No                       |
|------------------------------|--------------------------|--------------------------|
| Incident form received       | <input type="checkbox"/> | <input type="checkbox"/> |
| Checklist form received      | <input type="checkbox"/> | <input type="checkbox"/> |
| Action taken                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Health & Safety action taken | <input type="checkbox"/> | <input type="checkbox"/> |

Outcome of investigation, if appropriate:

\* If police involvement required, state crime reference number: \_\_\_\_\_



Further support offered/ discussed with staff member: **Yes**  **No**

Details:

Action plan required: **Yes**  **No**

Action plan review date: \_\_\_/\_\_\_/\_\_\_

Additional ongoing support/ follow up:

## **Annex I – List of Associated Policies**

- Health and Safety Policy
- Security Policy
- Risk assessment Policy
- Incident Reporting Policy and Procedure

## Appendix J - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

|    |   | Yes/No | Comments |
|----|---|--------|----------|
| 1. | <b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>            |        |          |
|    | • Race  | No     |          |
|    | • Ethnic origins (including gypsies and travellers)   | No     |          |
|    | • Nationality   | No     |          |
|    | • Gender  | No     |          |
|    | • Culture   | No     |          |
|    | • Religion or belief  | No     |          |
|    | • Sexual orientation including lesbian, gay and bisexual people   | No     |          |
|    | • Age   | No     |          |
|    | • Disability - learning disabilities, physical disability, sensory impairment and mental health problems          | No     |          |
| 2. | <b>Is there any evidence that some groups are affected differently?</b>   | No     |          |
| 3. | <b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b> | N/A    |          |
| 4. | <b>Is the impact of the policy/guidance likely to be negative?</b>  | No     |          |
| 5. | <b>If so can the impact be avoided?</b>   | N/A    |          |
| 6. | <b>What alternative are there to achieving the policy/guidance without the impact?</b>                            | N/A    |          |
| 7. | <b>Can we reduce the impact by taking different action?</b>   | N/A    |          |

If you have identified a potential discriminatory impact of this procedural document, please refer it to Steven Packer ext 5011 or Rachel Wale ext 5673 together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix K - Plan for Dissemination and implementation plan of new Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust

|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>Title of document:</b>  | Violence and Aggression Policy  |   |                                  |
| <b>Date finalised:</b>   | October 2008  | <b>Dissemination lead:<br/>Print name and contact details</b> | Steven Primrose<br>0207 288 5500 |
| <b>Previous document already being used?</b>                           | Yes   |   |                                  |
| <b>If yes, in what format and where?</b>                               | Electronic and kept on the Intranet   |   |                                  |
| <b>Proposed action to retrieve out-of-date copies of the document:</b> | Update Intranet<br>E-mail to all staff informing them of update and to replace previous version with this version |   |                                  |
| <b>To be disseminated to:</b>  | <b>How will it be disseminated/implemented, who will do it and when?</b>  | <b>Paper or Electronic</b>                                    | <b>Comments</b>                  |
| To all Manager's   | By E-mail   | E   |                                  |
|  |   |   |                                  |
|  |   |   |                                  |
|  |   |   |                                  |
|  |   |   |                                  |
|  |   |   |                                  |
| <b>Is a training programme required?</b>                               | <b>No</b>   |   |                                  |
| <b>Who is responsible for the training programme?</b>                  | <b>No</b>   |   |                                  |

## REFERENCES

1. A Professional Approach to Managing Security in the NHS, NHS Security Management Service (NHS SMS) (2003) <http://www.cfsms.nhs.uk/pub/sms/documents.html>
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4. A safer Place to Work – Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, National Audit Office (March 2003)
5. National Syllabus for Conflict Resolution Training, NHS Security Management Service (2003) <http://www.cfsms.nhs.uk/pub/sms/documents.html>
6. Local Security Management Specialist training material, Foundation course, NHS Security Management Service (NHS SMS) (2003)
7. Health & Safety Act 1974
8. The Management of Health and Safety at Work Regulations 1999
9. Non –physical Assaults Explanatory Notes, NHS Security Management Service (NHS SMS) (2004) <http://www.cfsms.nhs.uk/pub/sms/documents.html>
10. Reporting of Injuries, Disease & Dangerous Occurrences 1995 No. 3163 (RIDDOR) [http://www.legislation.hmso.gov.uk/si/si1995/Uksi\\_19953163\\_en\\_1.htm](http://www.legislation.hmso.gov.uk/si/si1995/Uksi_19953163_en_1.htm)
11. The Anti Social Behaviour Act 2003 (c 38) <http://www.legislation.hmso.gov.uk/acts/acts2003/20030038.htm>